



BRADLEY LANDFILL AND RECYCLING CENTER
A WASTE MANAGEMENT COMPANY

9081 Tujunga Avenue
Sun Valley, California 91352
(818) 767-6180
(818) 252-3239 Fax
(818) 252-3107 24-Hour Community Hotline

June 19, 2003

Ms. Sumaira Noreen
Los Angeles Regional Water Quality Control Board
320 W. 4th Street, STE 200
Los Angeles, CA 90013

Re: **Annual Report For Stormwater Discharge Associated With Industrial Activities, Bradley Landfill And Recycling Center, Facility WDID No. 419S00556.**

Dear Ms. Noreen:

Enclosed is the *2002-2003 Annual Report for the Bradley Landfill and Recycling Center*. This report is submitted pursuant to requirements of the State Water Resources Control Board National Pollutant Discharge Elimination System (NPDES) General Permit No. CAS000001 for discharge of stormwater associated with industrial activities.

This report indicates that Bradley Landfill and Recycling Center is in compliance with the General Permit. All samples collected throughout the reporting period were evaluated for constituents required by the General Permit.

Due to grading changes and effective BMPs, at the facility, only 2 points generated discharges. This winter produced only one eligible storm event that generated significant discharge from the facility. One sample was collected at two sample points and analyzed in accordance with the General Permit parameters and an additional pollutant listed in the General Permit (table D). This sample was collected on December 16, 2002.

If you have any comments or concerns with this submittal please do not hesitate to contact me at (818) 252-3202.

Sincerely,

Bruce Matlock
Compliance, Health and Safety Supervisor

Encl.

Cc: Storm water 2002-2003
LARWQCB Correspondence

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
2002-2003 ANNUAL REPORT
FOR STORM WATER DISCHARGES ASSOCIATED
WITH INDUSTRIAL ACTIVITIES

Reporting Period July 1, 2002 through June 30, 2003

An Annual Report is required to be submitted to your local Regional Water Quality Control Board (Regional Board) by July 1 of each year. This document must be certified and signed, under penalty of perjury, by the appropriate official of your company. Many of the Annual Report questions require an explanation. Please provide explanations on a separate sheet as an attachment. **Retain a copy of the completed Annual Report for your records.**

If any information contained in Items A, B, and C below is incorrect, please cross out or highlight the incorrect information (do not white out or erase) and provide the correct information next to or above the incorrect information so that we can update our records. Please remember that a Notice of Termination and new Notice of Intent is required whenever your facility is relocated or changes ownership.

If you have any questions, please contact your Regional Board Storm Water Program Contact. The address of the Regional Board (where the Annual Report must be submitted) along with the name, telephone number, and e-mail address of the contact is indicated below. Additional copies of the Annual Report may be obtained from our web site at www.swrcb.ca.gov/stormwtr/industrial.html.

REGIONAL BOARD INFORMATION:

LOS ANGELES REGIONAL WATER BOARD
320 W. 4TH STREET, STE 200
LOS ANGELES, CA 90013

SUMAIRA NOREEN
Tel: (213) 576-1369
Email: snoreen@rb4.swrcb.ca.gov

GENERAL INFORMATION

A. Facility Location:

BRADLEY LANDFILL
9227 TUJUNGA AVE.
SUN VALLEY, CA 91352

Facility WDID No: 419S005561
Waste Discharge Order No: 94-059

B. Facility Operator Information:

Contact Person:
DOUG CORCORAN/BRUCE MATLOCK
Tel: (818) 767-6180

WASTE MANAGEMENT REC AND DISP
9081 TUJUNGA AVE
SUN VALLEY, CA 91352

C. Facility Information:

Contact Person: Mailing Address:
DOUG CORCORAN/BRUCE MATLOCK
Tel: (818) 767-6180

BRADLEY LANDFILL
9227 TUJUNGA AVE.
SUN VALLEY, CA 91352

SIC Code(s):
4953 Refuse Systems

Additional Table D Parameters: Fe
(Hazardous Waste Facilities, see Table D, Sector K of the Permit for Additional Parameters)

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SPECIFIC INFORMATION

MONITORING AND REPORTING PROGRAM

D. SAMPLING AND ANALYSIS EXEMPTIONS AND REDUCTIONS

1. For the reporting period, was your facility exempt from collecting and analyzing samples from **two** storm events in accordance with sections B.12 or 15 of the General Permit?

☐ **YES** Go to Item D.2

☒ **NO** Go to Section E

2. Indicate the reason your facility is exempt from collecting and analyzing samples from **two** storm events. Attach a copy of the first page of the appropriate certification if you check boxes ii, iii, iv, or v.

- i. ☐ Participating in an Approved Group Monitoring Plan

Group Name: _____

- ii. ☐ Submitted **No Exposure Certification (NEC)**

Date Submitted: ____/____/____

Re-evaluation Date: ____/____/____

Does facility continue to satisfy NEC conditions?

☐

YES

☐

NO

- iii. ☐ Submitted **Sampling Reduction Certification (SRC)**

Date Submitted: ____/____/____

Re-evaluation Date: ____/____/____

Does facility continue to satisfy SRC conditions?

☐

YES

☐

NO

- iv. ☐ Received Regional Board Certification

Certification Date: ____/____/____

- v. ☐ Received Local Agency Certification

Certification Date: ____/____/____

3. If you checked boxes i or iii above, were you scheduled to sample **one** storm event during the reporting year?

☐ **YES** Go to Section E

☐

NO

Go to Section F

4. If you checked boxes ii, iv, or v, go to Section F.

E. SAMPLING AND ANALYSIS RESULTS

1. How many storm events did you sample? 1

If less than 2, **attach explanation** (if you checked item D.2.i or iii. above, only attach explanation if you answer "0").

2. Did you collect storm water samples from the first storm of the wet season that produced a discharge during scheduled facility operating hours? (Section B.5 of the General Permit)

☐ **YES**

☒

NO

attach explanation (Please note that if you do not sample the first storm event, you are still required to sample 2 storm events)

3. How many storm water discharge locations are at your facility? 3

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4. For each storm event sampled, did you collect and analyze a sample from each of the facility's' storm water discharge locations? ☐ YES, go to Item E.6 ☒ NO
5. Was sample collection or analysis reduced in accordance with Section B.7.d of the General Permit? ☐ YES ☒ NO, **attach explanation**
If "YES", **attach documentation** supporting your determination that two or more drainage areas are substantially identical.
Date facility's drainage areas were last evaluated ____ / ____ / ____
6. Were all samples collected during the first hour of discharge? ☒ YES ☐ NO, **attach explanation**
7. Was all storm water sampling preceded by three (3) working days without a storm water discharge? ☒ YES ☐ NO, **attach explanation**
8. Were there any discharges of storm water that had been temporarily stored or contained? (such as from a pond) ☐ YES ☒ NO, go to Item E.10
9. Did you collect and analyze samples of temporarily stored or contained storm water discharges from two storm events? (or one storm event if you checked item D.2.i or iii. above) ☐ YES ☐ NO, **attach explanation**
10. Section B.5. of the General Permit requires you to analyze storm water samples for pH, Total Suspended Solids (TSS), Specific Conductance (SC), Total Organic Carbon (TOC) or Oil and Grease (O&G), other pollutants likely to be present in storm water discharges in significant quantities, and analytical parameters listed in Table D of the General Permit.
- a. Does Table D contain any additional parameters related to your facility's SIC code(s)? ☒ YES ☐ NO, Go to Item E.11
- b. Did you analyze all storm water samples for the applicable parameters listed in Table D? ☒ YES ☐ NO
- c. If you did not analyze all storm water samples for the applicable Table D parameters, check one of the following reasons:
- _____ In prior sampling years, the parameter(s) have not been detected in significant quantities from two consecutive sampling events. **Attach explanation**
- _____ The parameter(s) is not likely to be present in storm water discharges and authorized non-storm water discharges in significant quantities based upon the facility operator's evaluation. **Attach explanation**
- _____ Other. **Attach explanation**
11. For each storm event sampled, attach a copy of the laboratory analytical reports and report the sampling and analysis results using **Form 1** or its equivalent. The following must be provided for each sample collected:
- Date and time of sample collection
 - Name and title of sampler
 - Parameters tested
 - Name of analytical testing laboratory
 - Discharge location identification
 - Testing results
 - Test methods used
 - Test detection limits
 - Date of testing
 - Copies of the laboratory analytical results

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F. QUARTERLY VISUAL OBSERVATIONS

1. Authorized Non-Storm Water Discharges

Section B.3.b of the General Permit requires quarterly visual observations of all authorized non-storm water discharges and their sources.

a. Do authorized non-storm water discharges occur at your facility?

☒

YES

☐

NO

Go to Item F.2

b. Indicate whether you visually observed all authorized non-storm water discharges and their sources during the quarters when they were discharged. **Attach an explanation for any "NO" answers.** Indicate "N/A" for quarters without any authorized non-storm water discharges.

July-September

☒

YES

☐

NO

☐

N/A

October-December

☒

YES

☐

NO

☐

N/A

January-March

☒

YES

☐

NO

☐

N/A

April-June

☒

YES

☐

NO

☐

N/A

c. Use **Form 2** to report quarterly visual observations of authorized non-storm water discharges or provide the following information:

- name of each authorized non-storm water discharge
- date and time of observation
- source and location of each authorized non-storm water discharge
- characteristics of the discharge at its source and impacted drainage area/discharge location
- name, title, and signature of observer
- any** new or revised BMPs necessary to reduce or prevent pollutants in authorized non-storm water discharges. Provide new or revised BMP implementation date.

2. Unauthorized Non-Storm Water Discharges

Section B.3.a of the General Permit requires quarterly visual observations of all drainage areas to detect the presence of unauthorized non-storm water discharges and their sources.

a. Indicate whether you visually observed all drainage areas to detect the presence of unauthorized non-storm water discharges and their sources. **Attach an explanation for any "NO" answers.**

July-September

☒

YES

☐

NO

October-December

☒

YES

☐

NO

January-March

☒

YES

☐

NO

April-June

☒

YES

☐

NO

b. Based upon the quarterly visual observations, were any unauthorized non-storm water discharges detected?

☐

YES

☒

NO

Go to Item F.2.d

c. Have each of the unauthorized non-storm water discharges been eliminated or permitted?

☐

YES

☐

NO

Attach explanation

d. Use **Form 3** to report quarterly unauthorized non-storm water discharge visual observations or provide the following information:

- name of each unauthorized non-storm water discharge
- date and time of observation
- source and location of each unauthorized non-storm water discharge
- characteristics of the discharge at its source and impacted drainage area/discharge location
- name, title, and signature of observer
- any** corrective actions necessary to eliminate the source of each unauthorized non-storm water discharge and to clean impacted drainage areas. Provide date unauthorized non-storm water discharge(s) was eliminated or scheduled to be eliminated.

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G. MONTHLY WET SEASON VISUAL OBSERVATIONS

Section B.4.a of the General Permit requires you to conduct monthly visual observations of storm water discharges at all storm water discharge locations during the wet season. These observations shall occur during the first hour of discharge or, in the case of temporarily stored or contained storm water, at the time of discharge.

1. Indicate below whether monthly visual observations of storm water discharges occurred at all discharge locations. **Attach an explanation for any "NO" answers.** Include in this explanation whether any eligible storm events occurred during scheduled facility operating hours that did not result in a storm water discharge, and provide the date, time, name and title of the person who observed that there was no storm water discharge.

	YES	NO		YES	NO
October	<input type="checkbox"/>	<input checked="" type="checkbox"/>	February	<input checked="" type="checkbox"/>	<input type="checkbox"/>
November	<input checked="" type="checkbox"/>	<input type="checkbox"/>	March	<input checked="" type="checkbox"/>	<input type="checkbox"/>
December	<input checked="" type="checkbox"/>	<input type="checkbox"/>	April	<input checked="" type="checkbox"/>	<input type="checkbox"/>
January	<input type="checkbox"/>	<input checked="" type="checkbox"/>	May	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2. Report monthly wet season visual observations using **Form 4** or provide the following information:

- a. date, time, and location of observation
- b. name and title of observer
- c. characteristics of the discharge (i.e., odor, color, etc.) and source of any pollutants observed
- d. **any** new or revised BMPs necessary to reduce or prevent pollutants in storm water discharges. Provide new or revised BMP implementation date.

ANNUAL COMPREHENSIVE SITE COMPLIANCE EVALUATION (ACSCE)

H. ACSCE CHECKLIST

Section A.9 of the General Permit requires the facility operator to conduct one ACSCE in each reporting period (July 1-June 30). Evaluations must be conducted within 8-16 months of each other. The SWPPP and monitoring program shall be revised and implemented, as necessary, within 90 days of the evaluation. The checklist below includes the minimum steps necessary to complete a ACSCE. Indicate whether you have performed each step below. **Attach an explanation for any "NO" answers.**

1. Have you inspected all potential pollutant sources and industrial activities areas? ☒ YES ☐ NO
The following areas should be inspected:

<ul style="list-style-type: none"> • areas where spills and leaks have occurred during the last year • outdoor wash and rinse areas • process/manufacturing areas • loading, unloading, and transfer areas • waste storage/disposal areas • dust/particulate generating areas • erosion areas 	<ul style="list-style-type: none"> • building repair, remodeling, and construction • material storage areas • vehicle/equipment storage areas • truck parking and access areas • rooftop equipment areas • vehicle fueling/maintenance areas • non-storm water discharge generating areas
--	--
2. Have you reviewed your SWPPP to assure that its BMPs address existing potential pollutant sources and industrial activities areas? ☒ YES ☐ NO
3. Have you inspected the entire facility to verify that the SWPPP's site map is up-to-date? The following site map items should be verified: ☒ YES ☐ NO

<ul style="list-style-type: none"> • facility boundaries • outline of all storm water drainage areas • areas impacted by run-on • storm water discharges locations 	<ul style="list-style-type: none"> • storm water collection and conveyance system • structural control measures such as catch basins, berms, containment areas, oil/water separators, etc.
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4. Have you reviewed all General Permit compliance records generated since the last annual evaluation?

☒ YES

☐ NO

The following records should be reviewed:

- quarterly authorized non-storm water discharge visual observations
- monthly storm water discharge visual observation
- records of spills/leaks and associated clean-up/response activities
- quarterly unauthorized non-storm water discharge visual observations
- Sampling and Analysis records
- preventative maintenance inspection and maintenance records

5. Have you reviewed the major elements of the SWPPP to assure compliance with the General Permit?

☒ YES

☐ NO

The following SWPPP items should be reviewed:

- pollution prevention team
- list of significant materials
- description of potential pollutant sources
- assessment of potential pollutant sources
- identification and description of the BMPs to be implemented for each potential pollutant source

6. Have you reviewed your SWPPP to assure that a) the BMPs are adequate in reducing or preventing pollutants in storm water discharges and authorized non-storm water discharges, and b) the BMPs are being implemented?

☒ YES

☐ NO

The following BMP categories should be reviewed:

- good housekeeping practices
- spill response
- employee training
- erosion control
- quality assurance
- preventative maintenance
- material handling and storage practices
- waste handling/storage
- structural BMPs

7. Has all material handling equipment and equipment needed to implement the SWPPP been inspected?

☒ YES

☐ NO

I. ACSCE EVALUATION REPORT

The facility operator is required to provide an evaluation report that includes:

- identification of personnel performing the evaluation
- the date(s) of the evaluation
- necessary SWPPP revisions
- schedule for implementing SWPPP revisions
- any incidents of non-compliance and the corrective actions taken

Use **Form 5** to report the results of your evaluation or develop an equivalent form.

J. ACSCE CERTIFICATION

The facility operator is required to certify compliance with the Industrial Activities Storm Water General Permit. To certify compliance, both the SWPPP and Monitoring Program must be up to date and be fully implemented.

Based upon your ACSCE, do you certify compliance with the Industrial Activities Storm Water General Permit?

☒ YES

☐ NO

If you answered "NO" **attach an explanation** to the ACSCE Evaluation Report why you are not in compliance with the Industrial Activities Storm Water General Permit.

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ATTACHMENT SUMMARY

Answer the questions below to help you determine what should be attached to this annual report. Answer NA (Not Applicable) to questions 2-4 if you are not required to provide those attachments.

1. Have you attached Forms 1,2,3,4, and 5 or their equivalent? ☒ YES (Mandatory)
2. If you conducted sampling and analysis, have you attached the laboratory analytical reports? ☒ YES ☐ NO ☐ NA
3. If you checked box II, III, IV, or V in item D.2 of this Annual Report, have you attached the first page of the appropriate certifications? ☐ YES ☐ NO ☒ NA
4. Have you attached an explanation for each "NO" answer in items E.1, E.2, E.5-E.7, E.9, E.10.c, F.1.b, F.2.a, F.2.c, G.1, H.1-H.7, or J? ☒ YES ☐ NO ☐ NA

ANNUAL REPORT CERTIFICATION

I am duly authorized to sign reports required by the INDUSTRIAL ACTIVITIES STORM WATER GENERAL PERMIT (see Standard Provision C.9) and I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those person directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Printed Name: Bruce Matlock
Signature: Bruce Matlock Date: 6-17-03
Title: Compliance Supv.

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DESCRIPTION OF BASIC ANALYTICAL PARAMETERS

The Industrial Activities Storm Water General Permit (General Permit) requires you to analyze storm water samples for at least four parameters. These are pH, Total Suspended Solids (TSS), Specific Conductance (SC), and Total Organic Carbon (TOC). Oil and Grease (O&G) may be substituted for TOC. In addition, you must monitor for any other pollutants which you believe to be present in your storm water discharge as a result of industrial activity and analytical parameters listed in Table D of the General Permit. There are no numeric limitations for the parameters you test for.

The four parameters which the General Permit requires to be tested are considered *indicator* parameters. In other words, regardless of what type of facility you operate, these parameters are nonspecific and general enough to usually provide some indication whether pollutants are present in your storm water discharge. The following briefly explains what each of these parameters mean:

pH is a numeric measure of the hydrogen-ion concentration. The neutral, or acceptable, range is within 6.5 to 8.5. At values less than 6.5, the water is considered acidic; above 8.5 it is considered alkaline or basic. An example of an acidic substance is vinegar, and a alkaline or basic substance is liquid antacid. Pure rainfall tends to have a pH of a little less than 7. There may be sources of materials or industrial activities which could increase or decrease the pH of your storm water discharge. If the pH levels of your storm water discharge are high or low, you should conduct a thorough evaluation of all potential pollutant sources at your site.

Total Suspended Solids (TSS) is a measure of the undissolved solids that are present in your storm water discharge. Sources of TSS include sediment from erosion of exposed land, and dirt from impervious (i.e. paved) areas. Sediment by itself can be very toxic to aquatic life because it covers feeding and breeding grounds, and can smother organisms living on the bottom of a water body. Toxic chemicals and other pollutants also adhere to sediment particles. This provides a medium by which toxic or other pollutants end up in our water ways and ultimately in human and aquatic life. TSS levels vary in runoff from undisturbed land. It has been shown that TSS levels increase significantly due to land development.

Specific Conductance (SC) is a numerical expression of the ability of the water to carry an electric current. SC can be used to assess the degree of mineralization, salinity, or estimate the total dissolved solids concentration of a water sample. Because of air pollution, most rain water has a SC a little above zero. A high SC could affect the usability of waters for drinking, irrigation, and other commercial or industrial use.

Total Organic Carbon (TOC) is a measure of the total organic matter present in water. (All organic matter contains carbon) This test is sensitive and able to detect small concentrations of organic matter. Organic matter is naturally occurring in animals, plants, and man. Organic matter may also be man made (so called synthetic organics). Synthetic organics include pesticides, fuels, solvents, and paints. Natural organic matter utilizes the oxygen in a receiving water to biodegrade. Too much organic matter could place a significant oxygen demand on the water, and possibly impact its quality. Synthetic organics either do not biodegrade or biodegrade very slowly. Synthetic organics are a source of toxic chemicals that can have adverse effects at very low concentrations. Some of these chemicals bioaccumulate in aquatic life. If your levels of TOC are high, you should evaluate all sources of natural or synthetic organics you may use at your site.

Oil and Grease (O&G) is a measure of the amount of oil and grease present in your storm water discharge. At very low concentrations, O&G can cause a sheen (that floating "rainbow") on the surface of water (1 qt. of oil can pollute 250,000 gallons of water). O&G can adversely affect aquatic life and create unsightly floating material and film on water, thus making it undrinkable. Sources of O&G include maintenance shops, vehicles, machines and roadways.

If you have any questions regarding whether or not your constituent concentrations are too high, please contact your local Regional Board office. The United States Environmental Protection Agency (USEPA) has published stormwater discharge benchmarks for a number of parameters. These benchmarks may be helpful when evaluating whether additional BMPs are appropriate. These benchmarks can be accessed at our website at <http://www.swrcb.ca.gov>. It is contained in the Sampling and Analysis Reduction Certification.

See Storm Water Contacts at

<http://www.swrcb.ca.gov/stormwtr/contact.html>

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SIDE A

FORM 1-SAMPLING & ANALYSIS RESULTS

FIRST STORM EVENT

- If analytical results are less than the detection limit (or non detectable), show the value as less than the numerical value of the detection limit (example: <.05)
- If you did not analyze for a required parameter, do not report "0". Instead, leave the appropriate box blank

- When analysis is done using portable analysis (such as portable pH meters, SC meters, etc.), indicate "PA" in the appropriate test method used box.
- Make additional copies of this form as necessary.

NAME OF PERSON COLLECTING SAMPLE(S): Bruce Matlock

TITLE: Compliance Supv.

SIGNATURE: Bruce Matlock

DESCRIBE DISCHARGE LOCATION Example: NW Out Fall	DATE/TIME OF SAMPLE COLLECTION	TIME DISCHARGE STARTED	ANALYTICAL RESULTS For First Storm Event									
			BASIC PARAMETERS					OTHER PARAMETERS				
			PH	TSS	SC	O&G	TOC	Fe (Total)				
Stormwater Discharge Pt 'E' SW Corner of Site	12/16/02 01:35 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	12:45 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	8.7	440	59	24	4.8 + 4.4	30000				
Stormwater Discharge Pt 'D' Gas Recovery Driveway	12/16/02 1:15 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	12:45 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	7.7	93	110	1.9	31 + 32	4300				
	/ / : <input type="checkbox"/> AM <input type="checkbox"/> PM	: <input type="checkbox"/> AM <input type="checkbox"/> PM										
	/ / : <input type="checkbox"/> AM <input type="checkbox"/> PM	: <input type="checkbox"/> AM <input type="checkbox"/> PM										
TEST REPORTING UNITS:			pH Units	mg/l	umho/cm	mg/l	mg/l	mg/l				
TEST METHOD DETECTION LIMIT:			0.10	10 / 3.3	2.0	5.0	1.0	100				
TEST METHOD USED:			MCAWW 150.1	MCAWW 160.2	MCAWW 120.1	CFR136A 1644A HEN	MCAWW 415.1	MCAWW 200.7				
ANALYZED BY (SELF/LAB):			LAB	LAB	LAB	LAB	LAB	LAB				

TSS - Total Suspended Solids

SC - Specific Conductance

O&G - Oil & Grease

TOC - Total Organic Carbon

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SIDE B

FORM 1-SAMPLING & ANALYSIS RESULTS

SECOND STORM EVENT

None

- If analytical results are less than the detection limit (or non detectable), show the value as less than the numerical value of the detection limit (example: <.05)
- If you did not analyze for a required parameter, do not report "0". Instead, leave the appropriate box blank

- When analysis is done using portable analysis (such as portable pH meters, SC meters, etc.), indicate "PA" in the appropriate test method used box.

NAME OF PERSON COLLECTING SAMPLE(S): _____ TITLE: _____ SIGNATURE: _____

DESCRIBE DISCHARGE LOCATION Example: NW Out Fall	DATE/TIME OF SAMPLE COLLECTION	TIME DISCHARGE STARTED	ANALYTICAL RESULTS For Second Storm Event											
			BASIC PARAMETERS					OTHER PARAMETERS						
			PH	TSS	SC	O&G	TOC							
	/ / <input type="checkbox"/> AM : <input type="checkbox"/> PM	: <input type="checkbox"/> AM <input type="checkbox"/> PM												
	/ / <input type="checkbox"/> AM : <input type="checkbox"/> PM	: <input type="checkbox"/> AM <input type="checkbox"/> PM												
	/ / <input type="checkbox"/> AM : <input type="checkbox"/> PM	: <input type="checkbox"/> AM <input type="checkbox"/> PM												
	/ / <input type="checkbox"/> AM : <input type="checkbox"/> PM	: <input type="checkbox"/> AM <input type="checkbox"/> PM												
TEST REPORTING UNITS:			pH Units	mg/l	umho/cm	mg/l	mg/l							
TEST METHOD DETECTION LIMIT:														
TEST METHOD USED:														
ANALYZED BY (SELF/LAB):														

TSS - Total Suspended Solids

SC - Specific Conductance

O&G - Oil & Grease

TOC - Total Organic Carbon

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**FORM 2-QUARTERLY VISUAL OBSERVATIONS OF AUTHORIZED
NON-STORM WATER DISCHARGES (NSWDs)**

SIDE

- Quarterly dry weather visual observations are required of each authorized NSW.D.
- Observe each authorized NSW.D source, impacted drainage area, and discharge location.
- Authorized NSW.Ds must meet the conditions provided in Section D (pages 5-6), of the General Permit.
- Make additional copies of this form as necessary.

QUARTER: JULY-SEPT. DATE: <u>9/23/02</u>	Observers Name: <u>Bruce Matlock</u> Title: <u>Compliance Supervisor</u> Signature: <u>Bruce Matlock</u>	WERE ANY AUTHORIZED NSWDS DISCHARGED DURING THIS QUARTER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, complete reverse side of this form.
QUARTER: OCT.-DEC. DATE: <u>12/31/02</u>	Observers Name: <u>Bruce Matlock</u> Title: <u>Compliance Supervisor</u> Signature: <u>Bruce Matlock</u>	WERE ANY AUTHORIZED NSWDS DISCHARGED DURING THIS QUARTER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, complete reverse side of this form.
QUARTER: JAN.-MARCH DATE: <u>3/28/03</u>	Observers Name: <u>Bruce Matlock</u> Title: <u>Compliance Supv.</u> Signature: <u>Bruce Matlock</u>	WERE ANY AUTHORIZED NSWDS DISCHARGED DURING THIS QUARTER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, complete reverse side of this form.
QUARTER: APRIL-JUNE DATE: <u>6/09/03</u>	Observers Name: <u>Bruce Matlock</u> Title: <u>Compliance Supv.</u> Signature: <u>Bruce Matlock</u>	WERE ANY AUTHORIZED NSWDS DISCHARGED DURING THIS QUARTER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, complete reverse side of this form.

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SIDE

FORM 2-QUARTERLY VISUAL OBSERVATIONS OF AUTHORIZED
NON-STORM WATER DISCHARGES (NSWDs)

DATE /TIME OF OBSERVATION	SOURCE AND LOCATION OF AUTHORIZED NSWD <u>EXAMPLE:</u> Air conditioner Units on Building C	NAME OF AUTHORIZED NSWD <u>EXAMPLE:</u> Air conditioner condensate	DESCRIBE AUTHORIZED NSWD CHARACTERISTICS Indicate whether authorized NSWD is clear, cloudy, or discolored, causing staining, contains floating objects or an oil sheen, has odors, etc.		DESCRIBE ANY REVISED OR NEW BMPs AND PROVIDE THEIR IMPLEMENTATION DATE
			At the NSWD Source	At the NSWD Drainage Area and Discharge Location	
<u>9/23/02</u> 2:45 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Landscape Irrigation Adjacent Little S.F. Gate - SW	Landscape Irrigation	Clear potable water	Trickle of water over curb from planter, clear	None needed
<u>12/3/02</u> 3:30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Landscape Irrigation Along Tujunga & Penrose	Landscape Irrigation	clean potable water	overflow from oleander planter no sign of contaminants	None needed
<u>3/28/03</u> 2:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Landscape Irrigation along Tujunga	Landscape Irrigation	Clear Potable water	no pollutants in discharge	None needed
<u>6/09/03</u> 11:30 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Landscape Irrigation along Tujunga & Penrose	Landscape Irrigation	Clear Potable water	no pollutants in discharge	None Needed
<u> / / </u> : <input type="checkbox"/> AM <input type="checkbox"/> PM					

2002-2003

SIDE 1

ANNUAL REPORT
FORM 3-QUARTERLY VISUAL OBSERVATIONS OF UNAUTHORIZED
NON-STORM WATER DISCHARGES (NSWDs)

- Unauthorized NSWDS are discharges (such as wash or rinse waters) that do not meet the conditions provided in Section D (pages 5-6) of the General Permit.
- Quarterly visual observations are required to observe current and detect prior unauthorized NSWDS.
- Quarterly visual observations are required during dry weather and at all facility drainage areas.
- Each unauthorized NSWDS source, impacted drainage area, and discharge location must be identified and observed.
- Unauthorized NSWDS that can not be eliminated within 90 days of observation must be reported to the Regional Board in accordance with Section A.10.e of the General Permit.
- Make additional copies of this form as necessary.

QUARTER: JULY-SEPT. DATE/TIME OF OBSERVATIONS <u>9/23/02 2:45</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Observers Name: <u>Bruce Matlock</u> Title: <u>Compliance Supv.</u> Signature: <u>Bruce Matlock</u>	WERE UNAUTHORIZED NSWDS OBSERVED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If YES to either question, complete reverse side.
QUARTER: OCT.-DEC. DATE/TIME OF OBSERVATIONS <u>12/31/02 3:30</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Observers Name: <u>Bruce Matlock</u> Title: <u>Compliance Supv.</u> Signature: <u>Bruce Matlock</u>	WERE UNAUTHORIZED NSWDS OBSERVED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If YES to either question, complete reverse side.
QUARTER: JAN.-MARCH DATE/TIME OF OBSERVATIONS <u>3/28/03 2:00</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Observers Name: <u>Bruce Matlock</u> Title: <u>Compliance Supv.</u> Signature: <u>Bruce Matlock</u>	WERE UNAUTHORIZED NSWDS OBSERVED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If YES to either question, complete reverse side.
QUARTER: APRIL-JUNE DATE/TIME OF OBSERVATIONS <u>6/09/03 11:30</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Observers Name: <u>Bruce Matlock</u> Title: <u>Compliance Supv.</u> Signature: <u>Bruce Matlock</u>	WERE UNAUTHORIZED NSWDS OBSERVED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If YES to either question, complete reverse side.

2002-2003
ANNUAL REPORT

FORM 3 QUARTERLY VISUAL OBSERVATIONS OF UNAUTHORIZED
NON-STORM WATER DISCHARGES (NSWDs)

SIDE B

OBSERVATION DATE (FROM REVERSE SIDE)	NAME OF UNAUTHORIZED NSWD <u>EXAMPLE:</u> Vehicle Wash Water	SOURCE AND LOCATION OF UNAUTHORIZED NSWD <u>EXAMPLE:</u> NW Corner of Parking Lot	DESCRIBE UNAUTHORIZED NSWD CHARACTERISTICS Indicate whether unauthorized NSWD is clear, cloudy, discolored, causing stains; contains floating objects or an oil sheen, has odors, etc.		DESCRIBE CORRECTIVE ACTIONS TO ELIMINATE UNAUTHORIZED NSWD AND TO CLEAN IMPACTED DRAINAGE AREAS. PROVIDE UNAUTHORIZED NSWD ELIMINATION DATE.
			AT THE UNAUTHORIZED NSWD SOURCE	AT THE UNAUTHORIZED NSWD AREA AND DISCHARGE LOCATION	
____ / ____ / ____ ____ : ____ <input type="checkbox"/> AM <input type="checkbox"/> PM					
____ / ____ / ____ ____ : ____ <input type="checkbox"/> AM <input type="checkbox"/> PM					
____ / ____ / ____ ____ : ____ <input type="checkbox"/> AM <input type="checkbox"/> PM					
____ / ____ / ____ ____ : ____ <input type="checkbox"/> AM <input type="checkbox"/> PM					

2002-2003
ANNUAL REPORT
FORM 4-MONTHLY VISUAL OBSERVATIONS OF
STORM WATER DISCHARGES

SIDE A

- Storm water discharge visual observations are required for at least one storm event per month between October 1 and May 31.
- Visual observations must be conducted during the first hour of discharge at all discharge locations.
- Discharges of temporarily stored or contained storm water must be observed at the time of discharge.

- Indicate "None" in the first column of this form if you did not conduct a monthly visual observation.
- Make additional copies of this form as necessary.
- Until a monthly visual observation is made, record any eligible storm events that do not result in a storm water discharge and note the date, time, name, and title of who observed there was no storm water discharge.

Observation Date: <u>October 30 2002</u> <u>NONE →</u> Observers Name: <u>Bruce Matlock</u> Title: <u>Compliance Supv.</u> Signature: <u>Bruce Matlock</u>	Drainage Location Description	#1 Discharge Point <u>B</u>	#2 Discharge Point <u>D</u>	#3 Discharge Point <u>E</u>	#4	
Observation Time	:	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	:	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	:	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
Time Discharge Began	:	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	:	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	:	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
Were Pollutants Observed (If yes, complete reverse side)	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Observation Date: <u>November 08 2002</u> Observers Name: <u>Bruce Matlock</u> Title: <u>Compliance Supv.</u> Signature: <u>Bruce Matlock</u>	Drainage Location Description	#1 Discharge Point <u>B</u>	#2 Discharge Point <u>D</u>	#3 Discharge Point <u>E</u>	#4	
Observation Time	:	<u>7:50</u> <input type="checkbox"/> P.M. <input checked="" type="checkbox"/> A.M.	:	<u>7:55</u> <input type="checkbox"/> P.M. <input checked="" type="checkbox"/> A.M.	:	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
Time Discharge Began	:	<u>No Discharge</u> <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	:	<u>11-07-02</u> <input checked="" type="checkbox"/> P.M. <input type="checkbox"/> A.M.	:	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
Were Pollutants Observed (If yes, complete reverse side)	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Observation Date: <u>December 16 2002</u> Observers Name: <u>Bruce Matlock</u> Title: <u>Compliance Supv.</u> Signature: <u>Bruce Matlock</u>	Drainage Location Description	#1 Discharge Point <u>B</u>	#2 Discharge Point <u>D</u>	#3 Discharge Point <u>E</u>	#4	
Observation Time	:	<u>1:45</u> <input checked="" type="checkbox"/> P.M. <input type="checkbox"/> A.M.	:	<u>1:15</u> <input checked="" type="checkbox"/> P.M. <input type="checkbox"/> A.M.	:	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
Time Discharge Began	:	<u>No Discharge</u> <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	:	<u>12:45</u> <input checked="" type="checkbox"/> P.M. <input type="checkbox"/> A.M.	:	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
Were Pollutants Observed (If yes, complete reverse side)	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Observation Date: <u>January 31 2003</u> <u>NONE →</u> Observers Name: <u>Bruce Matlock</u> Title: <u>Compliance Supv.</u> Signature: <u>Bruce Matlock</u>	Drainage Location Description	#1 Discharge Point <u>B</u>	#2 Discharge Point <u>D</u>	#3 Discharge Point <u>E</u>	#4	
Observation Time	:	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	:	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	:	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
Time Discharge Began	:	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	:	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	:	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
Were Pollutants Observed (If yes, complete reverse side)	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	

2002-2003
ANNUAL REPORT

FORM 4-MONTHLY VISUAL OBSERVATIONS OF
STORM WATER DISCHARGES

SID

DATE/TIME OF OBSERVATION (From Reverse Side)	DRAINAGE AREA DESCRIPTION	DESCRIBE STORM WATER DISCHARGE CHARACTERISTICS	IDENTIFY AND DESCRIBE SOURCE(S) OF POLLUTANTS	DESCRIBE ANY REVISED OR NEW BMPs AND THEIR DATE OF IMPLEMENTATION
<u>11/08/02</u> <u>8:19</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Discharge Point E Drainage channel SW corner of site	Indicate whether storm water discharge is clear, cloudy, or discolored; causing staining; containing floating objects or an oil sheen, has odors, etc. Slight brownish color Discharge was barely a trickle.	EXAMPLE: Oil sheen caused by oil dripped by trucks in vehicle maintenance area. color caused by dust accumulation in ditch	None minute flow - perimeter drainage directed to stormwater basin
<u>12/16/02</u> <u>1:15</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Discharge Point D Gas Recovery Driveway Discharge Point E Drainage channel SW corner of site	Clear slight brown color Slightly brownish color, some bits of sand and small pieces of vegetation	color caused by very generalized dust Color caused by dust that settled in ditch. Sand & vegetation from weed abatement activities. (Weed- whacking) near drainage channel.	Drainage channel will be swept prior to wet season and after weeding activities
<u> / /</u> <u> : </u> <input type="checkbox"/> AM <input type="checkbox"/> PM				
<u> / /</u> <u> : </u> <input type="checkbox"/> AM <input type="checkbox"/> PM				
<u> / /</u> <u> : </u> <input type="checkbox"/> AM <input type="checkbox"/> PM				

2002-2003
ANNUAL REPORT
FORM 4 (Continued)-MONTHLY VISUAL OBSERVATIONS OF
STORM WATER DISCHARGES

SIC

- Storm water discharge visual observations are required for at least one storm event per month between October 1 and May 31.
- Visual observations must be conducted during the first hour of discharge at all discharge locations.
- Discharges of temporarily stored or contained storm water must be observed at the time of discharge.

- Indicate "None" in the first column of this form if you did not conduct a monthly visual observation.
- Make additional copies of this form as necessary.
- Until a monthly visual observation is made, record any eligible storm events that do not result in a storm water discharge and note the date, time, name, and title of who observed there was no storm water discharge.

Observation Date: February <u>27</u> 2003	Drainage Location Description	#1 Discharge Point B	#2 Discharge Point D	#3 Discharge Point E	#4
Observers Name: <u>Bruce Matlock</u>	Observation Time	No Discharge : <input type="checkbox"/> P.M. : <input type="checkbox"/> A.M.	8:55 : <input type="checkbox"/> P.M. : <input checked="" type="checkbox"/> A.M.	8:40 : <input type="checkbox"/> P.M. : <input checked="" type="checkbox"/> A.M.	: <input type="checkbox"/> P. : <input type="checkbox"/> A.
Title: <u>Compliance Supv.</u>	Time Discharge Began	: <input type="checkbox"/> P.M. : <input type="checkbox"/> A.M.	4-5 :00 : <input type="checkbox"/> P.M. : <input checked="" type="checkbox"/> A.M.	4-5 :00 : <input type="checkbox"/> P.M. : <input checked="" type="checkbox"/> A.M.	: <input type="checkbox"/> P. : <input type="checkbox"/> A.
Signature: <u>Bruce Matlock</u>	Were Pollutants Observed (If yes, complete reverse side)	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Observation Date: March <u>04</u> 2003	Drainage Location Description	#1 Discharge Point B	#2 Discharge Point D	#3 Discharge Point E	#4
Observers Name: <u>Bruce Matlock</u>	Observation Time	No Discharge : <input type="checkbox"/> P.M. : <input type="checkbox"/> A.M.	No Discharge : <input type="checkbox"/> P.M. : <input type="checkbox"/> A.M.	No Discharge : <input type="checkbox"/> P.M. : <input type="checkbox"/> A.M.	: <input type="checkbox"/> P. : <input type="checkbox"/> A.
Title: <u>Compliance Supv.</u>	Time Discharge Began	: <input type="checkbox"/> P.M. : <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. : <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. : <input type="checkbox"/> A.M.	: <input type="checkbox"/> P. : <input type="checkbox"/> A.
Signature: <u>Bruce Matlock</u>	Were Pollutants Observed (If yes, complete reverse side)	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Observation Date: April <u>14</u> 2003	Drainage Location Description	#1 Discharge Point B	#2 Discharge Point D	#3 Discharge Point E	#4
Observers Name: <u>Bruce Matlock</u>	Observation Time	No Discharge : <input type="checkbox"/> P.M. : <input type="checkbox"/> A.M.	9:00 : <input type="checkbox"/> P.M. : <input checked="" type="checkbox"/> A.M.	9:25 : <input type="checkbox"/> P.M. : <input checked="" type="checkbox"/> A.M.	: <input type="checkbox"/> P. : <input type="checkbox"/> A.
Title: <u>Compliance Supv.</u>	Time Discharge Began	: <input type="checkbox"/> P.M. : <input type="checkbox"/> A.M.	4-13-03 ~ 9:00 : <input checked="" type="checkbox"/> P.M. : <input type="checkbox"/> A.M.	4-13-03 ~ 9:00 : <input checked="" type="checkbox"/> P.M. : <input type="checkbox"/> A.M.	: <input type="checkbox"/> P. : <input type="checkbox"/> A.
Signature: <u>Bruce Matlock</u>	Were Pollutants Observed (If yes, complete reverse side)	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Observation Date: May <u>04</u> 2003	Drainage Location Description	#1 Discharge Point B	#2 Discharge Point D	#3 Discharge Point E	#4
Observers Name: <u>Bruce Matlock</u>	Observation Time	No Discharge : <input type="checkbox"/> P.M. : <input type="checkbox"/> A.M.	9:45 : <input type="checkbox"/> P.M. : <input checked="" type="checkbox"/> A.M.	10:00 : <input type="checkbox"/> P.M. : <input checked="" type="checkbox"/> A.M.	: <input type="checkbox"/> P. : <input type="checkbox"/> A.
Title: <u>Compliance Supv.</u>	Time Discharge Began	: <input type="checkbox"/> P.M. : <input type="checkbox"/> A.M.	5-03-03 ~ 6:00 : <input checked="" type="checkbox"/> P.M. : <input type="checkbox"/> A.M.	5-03-03 ~ 6:00 : <input checked="" type="checkbox"/> P.M. : <input type="checkbox"/> A.M.	: <input type="checkbox"/> P. : <input type="checkbox"/> A.
Signature: <u>Bruce Matlock</u>	Were Pollutants Observed (If yes, complete reverse side)	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

2002-2003
ANNUAL REPORT

SIC

FORM 4 (Continued)-MONTHLY VISUAL OBSERVATIONS OF
STORM WATER DISCHARGES

DATE/TIME OF OBSERVATION (From Reverse Side)	DRAINAGE AREA DESCRIPTION	DESCRIBE STORM WATER DISCHARGE CHARACTERISTICS	IDENTIFY AND DESCRIBE SOURCE(S) OF POLLUTANTS	DESCRIBE ANY REVISED OR NEW BMPs AND THEIR DATE OF IMPLEMENTATION
<u>2/27/03</u> <u>8:40</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Discharge Point E Drainage channel SW corner of site	slight brownish color incidental sheet flow	color caused by dust accumulation within channel.	None minute flow - perimeter drainage diverted to stormwater basin.
<u>4/14/03</u> <u>9:25</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Discharge Point E Drainage Channel SW Corner of Site	sheet flow - slight brownish color	Color caused by dust collected within channel	"
<u>5/04/03</u> <u>10:00</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Discharge Point E Drainage Channel SW Corner of Site	sheet flow - slight brownish color	Color caused by dust collected within channel	"
<u> / / </u> <u> :</u> <input type="checkbox"/> AM <input type="checkbox"/> PM				
<u> / / </u> <u> :</u> <input type="checkbox"/> AM <input type="checkbox"/> PM				

2002-2003
ANNUAL REPORT

FORM 5-ANNUAL COMPREHENSIVE SITE COMPLIANCE EVALUATION
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY BMP STATUS

SID

EVALUATION DATE: 6/17/03 INSPECTOR NAME: Bruce Matlock TITLE: Compliance Supv. SIGNATURE: Bruce Matlock

<p>POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)</p> <p>Landfill Operations</p>	<p>HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>ARE ADDITIONAL/REVISED BMPs NECESSARY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>If yes, to either question, complete the next two columns of this form</p>	<p>Describe deficiencies in BMPs or BMP implementation</p> <p>material from weed abatement (weed whacking) and dust collects in drainage channel</p>	<p>Describe additional/revise BMPs or corrective actions and their date(s) of implementation</p> <p>channel will be swept prior to the start of the wet season and after weeding activities during the wet season</p>
<p>POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)</p> <p>Material Handling and Storage Areas</p>	<p>HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>ARE ADDITIONAL/REVISED BMPs NECESSARY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>	<p>If yes, to either question, complete the next two columns of this form</p>	<p>Describe deficiencies in BMPs or BMP implementation</p>	<p>Describe additional/revise BMPs or corrective actions and their date(s) of implementation</p>
<p>POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)</p> <p>Significant spills and leaks</p>	<p>HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>ARE ADDITIONAL/REVISED BMPs NECESSARY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>	<p>If yes, to either question, complete the next two columns of this form</p>	<p>Describe deficiencies in BMPs or BMP implementation</p>	<p>Describe additional/revise BMPs or corrective actions and their date(s) of implementation</p>
<p>POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)</p> <p>Non-stormwater Discharges</p>	<p>HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>ARE ADDITIONAL/REVISED BMPs NECESSARY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>	<p>If yes, to either question, complete the next two columns of this form</p>	<p>Describe deficiencies in BMPs or BMP implementation</p>	<p>Describe additional/revise BMPs or corrective actions and their date(s) of implementation</p>

2002-2003
ANNUAL REPORT

SID

FORM 5 (Continued)-ANNUAL COMPREHENSIVE SITE COMPLIANCE EVALUATION
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY BMP STATUS

EVALUATION DATE: 6/17/03 INSPECTOR NAME: Bruce Matlock TITLE: Compliance Supv. SIGNATURE: Bruce Matlock

<p>POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)</p> <p>Soil Erosion</p>	<p>HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>	<p>If yes, to either question, complete the next two columns of this form</p>	<p>Describe deficiencies in BMPs or BMP implementation</p>	<p>Describe additional/revised BMPs or corrective actions and their date(s) of implementation</p>
<p>ARE ADDITIONAL/REVISED BMPs NECESSARY?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>				
<p>POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)</p> <p>Gas Recovery Operations</p>	<p>HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>	<p>If yes, to either question, complete the next two columns of this form</p>	<p>Describe deficiencies in BMPs or BMP implementation</p> <p>Iron concentrations detected in stormwater sample exceeded Benchmark levels</p>	<p>Describe additional/revised BMPs or corrective actions and their date(s) of implementation</p> <p>Painting of bare steel piping and exposed compres parts will be performed before August 01, 2003 store any steel parts unde cover.</p>
<p>ARE ADDITIONAL/REVISED BMPs NECESSARY?</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>				
<p>POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)</p>	<p>HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>If yes, to either question, complete the next two columns of this form</p>	<p>Describe deficiencies in BMPs or BMP implementation</p>	<p>Describe additional/revised BMPs or corrective actions and their date(s) of implementation</p>
<p>ARE ADDITIONAL/REVISED BMPs NECESSARY?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>				
<p>POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)</p>	<p>HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>If yes, to either question, complete the next two columns of this form</p>	<p>Describe deficiencies in BMPs or BMP implementation</p>	<p>Describe additional/revised BMPs or corrective actions and their date(s) of implementation</p>
<p>ARE ADDITIONAL/REVISED BMPs NECESSARY?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>				

Bradley Landfill and Recycling Center
2002-2003 Annual Storm Water Report Explanations

- E.1. Only one sample was collected because all other storm events occurred either out side of normal business hours or were ineligible. One exception to the above statement is the storm event on Friday November 29, 2002. The contracted laboratory was not accepting samples on Saturday following the Thanksgiving Holiday and was therefore not sampled.
- E.2. As stated above the first storm producing a significant discharge occurred on November 29, 2002 and was not sampled because the contract Lab was not accepting samples on the Saturday following the Thanksgiving Holiday.
- G.1. Stormwater discharges could not be observed during October 2002, and January, 2003 they were non-stormwater discharge months. During November, February, April and May observations were performed on ineligible stormwater discharges. Observations were conducted more than 1 hour after discharge. All other storm events were not eligible storms. During March insufficient rainfall, during operating hours, resulted in no observable discharges.

There were no eligible storm event which occurred during scheduled facility operating hours that did not result in a stormwater discharge:

Bruce Matlock, Health and Safety Supervisor performed all observations.

Name: Bruce Matlock

Signature: Bruce Matlock

Title: Compliance Supervisor

Date: 6-17-03

ANALYTICAL REPORT

Project No. Site 234

Bradley LF

Lot #: D2L170201

Stormwater

Bruce Matlock

Waste Mgmt. Disp. Serv. of CA
9081 Tujunga
Sun Valley CA 91352

Cc: Tina Schmiesing

STL DENVER



Gail DeRuzzo
Project Manager

January 7, 2003

Severn Trent Laboratories, Inc.

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Case Narrative

Enclosed is the report for two samples received at STL's Denver laboratory on December 17, 2002. The results included in this report have been reviewed for compliance with STL's Laboratory Quality Manual. The test results shown in this report meet all requirements of NELAC and any exceptions are noted below.

This report may include data with reporting limits (RLs) less than STL Denver's standard reporting limits. These data and reporting limits are being used specifically to meet the needs of this project. Note that, data are not customarily reported to these levels without qualifiers, because they are inherently less reliable and potentially less defensible than the latest industry standards require. Please contact STL Denver for more details.

Dilution factors and footnotes have been provided to assist in the interpretation of the results. Each sample was analyzed to achieve the lowest possible reporting limit within the constraints of the method. In some cases, due to interference or analytes present at concentrations above the linear calibration curve, samples were diluted. For diluted samples, the reporting limits are adjusted relative to the dilution required.

STL utilizes USEPA approved methods in all analytical work. The samples presented in this report were analyzed for the parameters listed on the analytical methods summary page in accordance with the methods indicated. A summary of quality control parameters is provided below.

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Quality Control Summary for Lot D2L170201

Sample Receiving

- The cooler temperature upon receipt at the Denver laboratory was 2.4°C.
- All sample bottles were received in acceptable condition.

Holding Times

- All holding times were within established control limits.

Method Blanks

- Specific Conductance Method 120.1 was detected in the Method Blank below the project established reporting limit. No corrective action is taken for any values in Method Blanks that are below the requested reporting limits. In addition, the samples STORMWATER D and STORMWATER E had levels of Specific Conductance greater than ten times that of the Method Blank value, and therefore, there is no impact on the data.
- All other Method Blanks were within established control limits.

Laboratory Control Samples

- All Laboratory Control Samples were within established control limits.

Matrix Spike and Matrix Spike Duplicate (MS/MSD)

- The method required MS/MSD could not be performed for Method 1664A HEM due to insufficient sample volume, however, a LCS/LCSD pair was analyzed to demonstrate method precision.
- Due to the result concentration exceeding the calibration range the MS/MSD results for Chemical Oxygen Demand Method 410.4 are estimated.
- All other MS and MSD samples were within established control limits.

EXECUTIVE SUMMARY - Detection Highlights

D2L170201

PARAMETER	RESULT	REPORTING LIMIT	UNITS	ANALYTICAL METHOD
STORMWATER D 12/16/02 13:15 001				
Iron	4300	100	ug/L	MCAWW 200.7
Specific Conductance	110 J	2.0	umhos/cm	MCAWW 120.1
pH	7.7	0.10	No Units	MCAWW 150.1
Total Suspended Solids	93 Q	3.3	mg/L	MCAWW 160.2
Total Organic Carbon	31	1.0	mg/L	MCAWW 415.1
Total Organic Carbon	32	1.0	mg/L	MCAWW 415.1
HEM (Oil and Grease)	1.9 B	5.0	mg/L	CFR136A 1664A HEM
Chemical Oxygen Demand (COD)	110	8.0	mg/L	MCAWW 410.4
STORMWATER E 12/16/02 13:35 002				
Iron	30000	100	ug/L	MCAWW 200.7
Specific Conductance	59 J	2.0	umhos/cm	MCAWW 120.1
pH	8.7	0.10	No Units	MCAWW 150.1
Total Suspended Solids	440 Q	10	mg/L	MCAWW 160.2
Total Organic Carbon	4.8	1.0	mg/L	MCAWW 415.1
Total Organic Carbon	4.4	1.0	mg/L	MCAWW 415.1
HEM (Oil and Grease)	24	5.0	mg/L	CFR136A 1664A HEM

PREPARATION METHODS SUMMARY

D2L170201

<u>PREPARATION DESCRIPTION</u>	<u>PREPARATION METHOD</u>	<u>ANALYTICAL METHOD</u>
pH	MCAWW 150.1	MCAWW 150.1
Acid Digestion for Total Recoverable Metals	MCAWW 200.7	MCAWW 200.7
Chemical Oxygen Demand	MCAWW 410.4	MCAWW 410.4
Non-Filterable Residue (TSS)	MCAWW 160.2	MCAWW 160.2
Separatory Funnel	CFR136A 1664	CFR136A 1664A H
Specific Conductance	MCAWW 120.1	MCAWW 120.1
Total Organic Carbon	MCAWW 415.1	MCAWW 415.1

References:

- CFR136A "Methods for Organic Chemical Analysis of Municipal and Industrial Wastewater", 40CFR, Part 136, Appendix A, October 26, 1984 and subsequent revisions.
- MCAWW "Methods for Chemical Analysis of Water and Wastes", EPA-600/4-79-020, March 1983 and subsequent revisions.

ANALYTICAL METHODS SUMMARY

D2L170201

PARAMETER	ANALYTICAL METHOD
pH (Electrometric)	MCAWW 150.1
Chemical Oxygen Demand	MCAWW 410.4
Inductively Coupled Plasma (ICP) Metals	MCAWW 200.7
N-Hexane Extractable Material (1664A)	CFR136A 1664A HEM
Non-Filterable Residue (TSS)	MCAWW 160.2
Specific Conductance	MCAWW 120.1
Total Organic Carbon	MCAWW 415.1

References:

CFR136A "Methods for Organic Chemical Analysis of Municipal and Industrial Wastewater", 40CFR, Part 136, Appendix A, October 26, 1984 and subsequent revisions.

MCAWW "Methods for Chemical Analysis of Water and Wastes", EPA-600/4-79-020, March 1983 and subsequent revisions.

METHOD / ANALYST SUMMARY

D2L170201

<u>ANALYTICAL METHOD</u>	<u>ANALYST</u>	<u>ANALYST ID</u>
CFR136A 1664A HEM	Roger Winn	000597
MCAWW 120.1	Ewa Kudla	001167
MCAWW 150.1	Duane Allee	001470
MCAWW 160.2	Melissa Hailey	009506
MCAWW 200.7	Kristen Roda	5692
MCAWW 410.4	William Sanborn	004745
MCAWW 415.1	Dave Elkin	000901

References:

CFR136A "Methods for Organic Chemical Analysis of Municipal and Industrial Wastewater", 40CFR, Part 136, Appendix A, October 26, 1984 and subsequent revisions.

MCAWW "Methods for Chemical Analysis of Water and Wastes", EPA-600/4-79-020, March 1983 and subsequent revisions.

SAMPLE SUMMARY

D2L170201

WO #	SAMPLE#	CLIENT SAMPLE ID	SAMPLED DATE	SAMP TIME
FE094	001	STORMWATER D	12/16/02	13:1
FE097	002	STORMWATER E	12/16/02	13:3

NOTE(S) :

- The analytical results of the samples listed above are presented on the following pages.
- All calculations are performed before rounding to avoid round-off errors in calculated results.
- Results noted as "ND" were not detected at or above the stated limit.
- This report must not be reproduced, except in full, without the written approval of the laboratory.
- Results for the following parameters are never reported on a dry weight basis: color, corrosivity, density, flashpoint, ignitability, layers, odor, paint filter test, pH, porosity pressure, reactivity, redox potential, specific gravity, spot tests, solids, solubility, temperature, viscosity, and weight.

WASTE MANAGEMENT DISP. SERV. OF CA

Client Sample ID: STORMWATER D

TOTAL Metals

Lot-Sample #...: D2L170201-001

Date Sampled...: 12/16/02 13:15 Date Received...: 12/17/02

Matrix.....: WATER

<u>PARAMETER</u>	<u>RESULT</u>	<u>REPORTING</u> <u>LIMIT</u>	<u>UNITS</u>	<u>METHOD</u>	<u>PREPARATION-</u> <u>ANALYSIS DATE</u>	<u>WORK</u> <u>ORDER #</u>
Prep Batch #...: 2353535						
Iron	4300	100	ug/L	MCAWW 200.7	12/20-12/27/02	FE0941AJ
		Dilution Factor: 1		Analysis Time...: 20:35	MDL.....: 13	

WASTE MANAGEMENT DISP. SERV. OF CA

Client Sample ID: STORMWATER E

TOTAL Metals

Lot-Sample #...: D2L170201-002

Matrix.....: WATER

Date Sampled...: 12/16/02 13:35 Date Received...: 12/17/02

PARAMETER	RESULT	REPORTING LIMIT	UNITS	METHOD	PREPARATION- ANALYSIS DATE	WORK ORDER #
Prep Batch #...: 2353535						
Iron	30000	100	ug/L	MCAWW 200.7	12/20-12/27/02	FE0971A
		Dilution Factor: 1		Analysis Time...: 20:39	MDL.....: 13	

WASTE MANAGEMENT DISP. SERV. OF CA

Client Sample ID: STORMWATER D

General Chemistry

Lot-Sample #...: D2L170201-001 Work Order #...: FE094
 Date Sampled...: 12/16/02 13:15 Date Received...: 12/17/02

Matrix.....: WATER

PARAMETER	RESULT	RL	UNITS	METHOD	PREPARATION- ANALYSIS DATE	PREP BATCH #
pH	7.7	0.10	No Units	MCAWW 150.1	12/17/02	2352556
			Dilution Factor: 1	Analysis Time...: 12:00	MDL.....:	
Chemical Oxygen Demand (COD)	110	8.0	mg/L	MCAWW 410.4	12/27/02	2364180
			Dilution Factor: 1	Analysis Time...: 14:22	MDL.....: 3.5	
HEM (Oil and Grease)	1.9 B	5.0	mg/L	CFR136A 1664A HEM	01/03-01/06/03	3003317
			Dilution Factor: 1	Analysis Time...: 10:00	MDL.....: 0.83	
Specific Conductance	110 J	2.0	umhos/cm	MCAWW 120.1	12/20/02	2357232
			Dilution Factor: 1	Analysis Time...: 10:00	MDL.....:	
Total Organic Carbon	31	1.0	mg/L	MCAWW 415.1	01/02-01/03/03	3003335
			Dilution Factor: 1	Analysis Time...: 00:30	MDL.....: 0.29	
Total Organic Carbon	32	1.0	mg/L	MCAWW 415.1	01/02-01/03/03	3003335
2			Dilution Factor: 1	Analysis Time...: 00:30	MDL.....: 0.29	
Total Suspended Solids	93 Q	3.3	mg/L	MCAWW 160.2	12/20/02	2354549
			Dilution Factor: 1.67	Analysis Time...: 15:20	MDL.....: 3.0	

NOTE(S):

RL Reporting Limit

B Estimated result. Result is less than RL.

J Method blank contamination. The associated method blank contains the target analyte at a reportable level.

Q Elevated reporting limit. The reporting limit is elevated due to high analyte levels.

WASTE MANAGEMENT DISP. SERV. OF CA

Client Sample ID: STORMWATER E

General Chemistry

Lot-Sample #....: D2L170201-002 Work Order #....: FE097 Matrix.....: WATER
 Date Sampled....: 12/16/02 13:35 Date Received...: 12/17/02

PARAMETER	RESULT	RL	UNITS	METHOD	PREPARATION- ANALYSIS DATE	PREP BATCH #
pH	8.7	0.10	No Units	MCAWW 150.1	12/17/02	2352556
		Dilution Factor: 1		Analysis Time...: 12:00	MDL.....:	
Chemical Oxygen Demand (COD)	ND	8.0	mg/L	MCAWW 410.4	12/27/02	2364180
		Dilution Factor: 1		Analysis Time...: 14:22	MDL.....: 3.5	
HEM (Oil and Grease) 24		5.0	mg/L	CFR136A 1664A HEM	01/03-01/06/03	3003317
		Dilution Factor: 1		Analysis Time...: 10:00	MDL.....: 0.83	
Specific Conductance 59 J		2.0	umhos/cm	MCAWW 120.1	12/20/02	2357232
		Dilution Factor: 1		Analysis Time...: 10:00	MDL.....:	
Total Organic Carbon 4.8		1.0	mg/L	MCAWW 415.1	01/02-01/03/03	3003335
		Dilution Factor: 1		Analysis Time...: 00:50	MDL.....: 0.29	
Total Organic Carbon 4.4 2		1.0	mg/L	MCAWW 415.1	01/02-01/03/03	3003335
		Dilution Factor: 1		Analysis Time...: 00:50	MDL.....: 0.29	
Total Suspended Solids	440 Q	10	mg/L	MCAWW 160.2	12/20/02	2354549
		Dilution Factor: 5		Analysis Time...: 15:20	MDL.....: 9.0	

NOTE(S):

RL Reporting Limit

J Method blank contamination. The associated method blank contains the target analyte at a reportable level.

Q Elevated reporting limit. The reporting limit is elevated due to high analyte levels.

QC DATA ASSOCIATION SUMMARY

D2L170201

Sample Preparation and Analysis Control Numbers

<u>SAMPLE#</u>	<u>MATRIX</u>	<u>ANALYTICAL METHOD</u>	<u>LEACH BATCH #</u>	<u>PREP BATCH #</u>	<u>MS RUN#</u>
001	WATER	MCAWW 120.1		2357232	2357103
	WATER	MCAWW 150.1		2352556	2352298
	WATER	MCAWW 160.2		2354549	2361155
	WATER	MCAWW 200.7		2353535	2353282
	WATER	MCAWW 415.1		3003335	3003149
	WATER	CFR136A 1664A HEM		3003317	
	WATER	MCAWW 410.4		2364180	2364059
002	WATER	MCAWW 120.1		2357232	2357103
	WATER	MCAWW 150.1		2352556	2352298
	WATER	MCAWW 160.2		2354549	2361155
	WATER	MCAWW 200.7		2353535	2353282
	WATER	MCAWW 415.1		3003335	3003149
	WATER	CFR136A 1664A HEM		3003317	
	WATER	MCAWW 410.4		2364180	2364059

METHOD BLANK REPORT

TOTAL Metals

Client Lot #...: D2L170201

Matrix.....: WATER

PARAMETER	RESULT	REPORTING LIMIT	UNITS	METHOD	PREPARATION- ANALYSIS DATE	WORK ORDER :
MB Lot-Sample #: D2L190000-535 Prep Batch #...: 2353535						
Iron	ND	100	ug/L	MCAWW 200.7	12/20-12/27/02	FE7FR12
		Dilution Factor: 1				
		Analysis Time...: 20:23				

NOTE(S) :

Calculations are performed before rounding to avoid round-off errors in calculated results.

LABORATORY CONTROL SAMPLE EVALUATION REPORT

TOTAL Metals

Client Lot #...: D2L170201

Matrix.....: WATER

<u>PARAMETER</u>	<u>PERCENT RECOVERY</u>	<u>RECOVERY LIMITS</u>	<u>METHOD</u>	<u>PREPARATION- ANALYSIS DATE</u>	<u>WORK ORDER #</u>
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LCS Lot-Sample#: D2L190000-535 Prep Batch #...: 2353535

Iron	108	(91 - 112)	MCAWW 200.7	12/20-12/27/02	FE7FR1AJ
		Dilution Factor: 1		Analysis Time...: 20:27	

NOTE(S) :

Calculations are performed before rounding to avoid round-off errors in calculated results.

LABORATORY CONTROL SAMPLE DATA REPORT

TOTAL Metals

Client Lot #...: D2L170201

Matrix.....: WATER

PARAMETER	SPIKE AMOUNT	MEASURED AMOUNT	UNITS	PERCNT RECVRY	METHOD	PREPARATION- ANALYSIS DATE	WORK ORDER #
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LCS Lot-Sample#: D2L190000-535 Prep Batch #...: 2353535

Iron	1000	1080	ug/L	108	MCAWW 200.7	12/20-12/27/02	FE7FR1AJ
Dilution Factor: 1				Analysis Time...: 20:27			

NOTE(S) :

Calculations are performed before rounding to avoid round-off errors in calculated results.

MATRIX SPIKE SAMPLE EVALUATION REPORT

TOTAL Metals

Client Lot #...: D2L170201

Matrix.....: WATER

Date Sampled...: 12/16/02 07:15 Date Received...: 12/18/02

PARAMETER	PERCENT RECOVERY	RECOVERY LIMITS	RPD LIMITS	METHOD	PREPARATION- ANALYSIS DATE	WORK ORDER #
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MS Lot-Sample #: D2L180249-001 Prep Batch #...: 2353535

Iron	100	(91 - 112)		MCAWW 200.7	12/20-12/27/02	FE31H1AU
	101	(91 - 112) 0.42 (0-20)		MCAWW 200.7	12/20-12/27/02	FE31H1AV

Dilution Factor: 1

Analysis Time...: 21:23

NOTE(S) :

Calculations are performed before rounding to avoid round-off errors in calculated results.

MATRIX SPIKE SAMPLE DATA REPORT

TOTAL Metals

Client Lot #...: D2L170201

Matrix.....: WATER

Date Sampled...: 12/16/02 07:15 Date Received...: 12/18/02

PARAMETER	AMOUNT	SAMPLE SPIKE AMT	MEASRD AMOUNT	UNITS	PERCNT RECVRY	RPD	METHOD	PREPARATION- ANALYSIS DATE	WORK ORDER
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MS Lot-Sample #: D2L180249-001 Prep Batch #...: 2353535

Iron

1700	1000	2710	ug/L	100			MCAWW 200.7	12/20-12/27/02	FE31H1
1700	1000	2720	ug/L	101	0.42		MCAWW 200.7	12/20-12/27/02	FE31H1

Dilution Factor: 1

Analysis Time...: 21:23

NOTE(S):

Calculations are performed before rounding to avoid round-off errors in calculated results.

METHOD BLANK REPORT

General Chemistry

Client Lot #...: D2L170201

Matrix.....: WATER

PARAMETER	RESULT	REPORTING LIMIT	UNITS	METHOD	PREPARATION- ANALYSIS DATE	PREP BATCH #
Chemical Oxygen Demand (COD)	ND	8.0	mg/L	MCAWW 410.4	12/27/02	2364180
		Dilution Factor: 1				
		Analysis Time...: 14:22				
HEM (Oil and Grease)	ND	5.0	mg/L	CFR136A 1664A HEM	01/03-01/06/03	3003317
		Dilution Factor: 1				
		Analysis Time...: 10:00				
Specific Conductance	0.91 B	2.0	umhos/cm	MCAWW 120.1	12/20/02	2357232
		Dilution Factor: 1				
		Analysis Time...: 10:00				
Total Organic Carbon	ND	1.0	mg/L	MCAWW 415.1	01/02/03	3003335
		Dilution Factor: 1				
		Analysis Time...: 17:00				
Total Suspended Solids	ND	2.0	mg/L	MCAWW 160.2	12/20/02	2354549
		Dilution Factor: 1				
		Analysis Time...: 15:20				

NOTE(S) :

Calculations are performed before rounding to avoid round-off errors in calculated results.

B Estimated result. Result is less than RL.

LABORATORY CONTROL SAMPLE EVALUATION REPORT

General Chemistry

Lot-Sample #....: D2L170201

Matrix.....: WATER

PARAMETER	PERCENT RECOVERY	RECOVERY LIMITS	RPD	LIMITS	METHOD	PREPARATION- ANALYSIS DATE	PREP BATCH #
pH		WO#:FE4351AA-LCS/FE4351AC-LCSD LCS Lot-Sample#: D2L180000-556					
	100	(97 - 102)			MCAWW 150.1	12/17/02	2352556
	100	(97 - 102)	0.14	(0-5.0)	MCAWW 150.1	12/17/02	2352556
		Dilution Factor: 1		Analysis Time...: 12:00			
Chemical Oxygen Demand (COD)		WO#:FFG7J1AC-LCS/FFG7J1AD-LCSD LCS Lot-Sample#: D2L300000-180					
	96	(86 - 114)			MCAWW 410.4	12/27/02	2364180
	95	(86 - 114)	0.72	(0-11)	MCAWW 410.4	12/27/02	2364180
		Dilution Factor: 1		Analysis Time...: 14:22			
HEM (Oil and Grease)		WO#:FFNGN1AC-LCS/FFNGN1AD-LCSD LCS Lot-Sample#: D3A030000-317					
	85	(78 - 114)			CFR136A 1664A HEM 01/03-01/06/03	3003317	
	100	(78 - 114)	16	(0-47)	CFR136A 1664A HEM 01/03-01/06/03	3003317	
		Dilution Factor: 1		Analysis Time...: 10:00			
Specific Conductance		WO#:FFCOW1AC-LCS/FFCOW1AD-LCSD LCS Lot-Sample#: D2L230000-232					
	100	(89 - 109)			MCAWW 120.1	12/20/02	2357232
	100	(89 - 109)	0.78	(0-7.0)	MCAWW 120.1	12/20/02	2357232
		Dilution Factor: 1		Analysis Time...: 10:00			
Total Organic Carbon		WO#:FFMJD1AC-LCS/FFMJD1AD-LCSD LCS Lot-Sample#: D3A030000-335					
	104	(90 - 110)			MCAWW 415.1	01/02/03	3003335
	106	(90 - 110)	1.9	(0-10)	MCAWW 415.1	01/02/03	3003335
		Dilution Factor: 1		Analysis Time...: 17:00			
Total Suspended Solids		WO#:FFGHH1AC-LCS/FFGHH1AD-LCSD LCS Lot-Sample#: D2L200000-549					
	101	(86 - 114)			MCAWW 160.2	12/20/02	2354549
	95	(86 - 114)	6.0	(0-20)	MCAWW 160.2	12/20/02	2354549
		Dilution Factor: 1		Analysis Time...: 15:20			

NOTE(S) :

Calculations are performed before rounding to avoid round-off errors in calculated results.

LABORATORY CONTROL SAMPLE DATA REPORT

General Chemistry

Lot-Sample #...: D2L170201

Matrix.....: WATER

PARAMETER	SPIKE AMOUNT	MEASURED AMOUNT	UNITS	PERCNT RECVRY	RPD	METHOD	PREPARATION- ANALYSIS DATE	PREP BATCH
pH								
			WO#:FE4351AA-LCS/FE4351AC-LCSD LCS Lot-Sample#: D2L180000-556					
	7.00	7.00	No Units	100		MCAWW 150.1	12/17/02	235255
	7.00	6.99	No Units	100	0.14	MCAWW 150.1	12/17/02	235255
			Dilution Factor: 1		Analysis Time...: 12:00			
Chemical Oxygen Demand (COD)								
			WO#:FFG7J1AC-LCS/FFG7J1AD-LCSD LCS Lot-Sample#: D2L300000-180					
	100	95.6	mg/L	96		MCAWW 410.4	12/27/02	2364180
	100	95.0	mg/L	95	0.72	MCAWW 410.4	12/27/02	2364180
			Dilution Factor: 1		Analysis Time...: 14:22			
HEM (Oil and Grease)								
			WO#:FFNGN1AC-LCS/FFNGN1AD-LCSD LCS Lot-Sample#: D3A030000-317					
	40.0	34.0	mg/L	85		CFR136A 1664A HEM 01/03-01/06/03	3003317	
	40.0	40.0	mg/L	100	16	CFR136A 1664A HEM 01/03-01/06/03	3003317	
			Dilution Factor: 1		Analysis Time...: 10:00			
Specific Conductance								
			WO#:FFCOW1AC-LCS/FFCOW1AD-LCSD LCS Lot-Sample#: D2L230000-232					
	1020	1010	umhos/cm	100		MCAWW 120.1	12/20/02	2357232
	1020	1020	umhos/cm	100	0.78	MCAWW 120.1	12/20/02	2357232
			Dilution Factor: 1		Analysis Time...: 10:00			
Total Organic Carbon								
			WO#:FFMJD1AC-LCS/FFMJD1AD-LCSD LCS Lot-Sample#: D3A030000-335					
	25.0	26.0	mg/L	104		MCAWW 415.1	01/02/03	3003335
	25.0	26.5	mg/L	106	1.9	MCAWW 415.1	01/02/03	3003335
			Dilution Factor: 1		Analysis Time...: 17:00			
Total Suspended Solids								
			WO#:FFGHH1AC-LCS/FFGHH1AD-LCSD LCS Lot-Sample#: D2L200000-549					
	170	171	mg/L	101		MCAWW 160.2	12/20/02	2354549
	170	161	mg/L	95	6.0	MCAWW 160.2	12/20/02	2354549
			Dilution Factor: 1		Analysis Time...: 15:20			

NOTE(S):

Calculations are performed before rounding to avoid round-off errors in calculated results.

MATRIX SPIKE SAMPLE EVALUATION REPORT

General Chemistry

Client Lot #...: D2L170201

Matrix.....: WATER

Date Sampled...: 12/12/02 09:15 Date Received...: 12/13/02

PARAMETER	PERCENT RECOVERY	RECOVERY LIMITS	RPD	RPD LIMITS	METHOD	PREPARATION- ANALYSIS DATE	PREP BATCH #
Chemical Oxygen Demand (COD)			WO#:	FE0941AK-MS/FE0941AL-MSD	MS Lot-Sample #:	D2L170201-001	
102 I	(74 - 109)				MCAWW 410.4	12/27/02	2364180
95 I	(74 - 109)	2.2 (0-11)			MCAWW 410.4	12/27/02	2364180
Dilution Factor: 1							
Analysis Time...: 14:22							

Total Organic Carbon			WO#:	FER4M1AQ-MS/FER4M1AR-MSD	MS Lot-Sample #:	D2L130247-001
108	(85 - 117)				MCAWW 415.1	01/02/03 3003331
109	(85 - 117)	1.0 (0-10)			MCAWW 415.1	01/02/03 3003331
Dilution Factor: 1						
Analysis Time...: 18:00						

NOTE(S) :

Calculations are performed before rounding to avoid round-off errors in calculated results.

1 Estimated result. Result concentration exceeds the calibration range.

MATRIX SPIKE SAMPLE DATA REPORT

General Chemistry

Client Lot #....: D2L170201

Matrix.....: WATER

Date Sampled....: 12/12/02 09:15 Date Received...: 12/13/02

PARAMETER	SAMPLE AMOUNT	SPIKE AMT	MEASRD AMOUNT	UNITS	PERCNT RECVRY	RPD	METHOD	PREPARATION- ANALYSIS DATE	PREP BATCH
Chemical Oxygen Demand (COD)			WO#: FE0941AK-MS/FE0941AL-MSD				MS Lot-Sample #: D2L170201-001		
	110	50.0	159 I	mg/L	102		MCAWW 410.4	12/27/02	23641
	110	50.0	156 I	mg/L	95	2.2	MCAWW 410.4	12/27/02	23641

Dilution Factor: 1

Analysis Time...: 14:22

PARAMETER	SAMPLE AMOUNT	SPIKE AMT	MEASRD AMOUNT	UNITS	PERCNT RECVRY	RPD	METHOD	PREPARATION- ANALYSIS DATE	PREP BATCH
Total Organic Carbon			WO#: FER4M1AQ-MS/FER4M1AR-MSD				MS Lot-Sample #: D2L130247-001		
	5.2	25.0	32.1	mg/L	108		MCAWW 415.1	01/02/03	300331
	5.2	25.0	32.4	mg/L	109	1.0	MCAWW 415.1	01/02/03	300331

Dilution Factor: 1

Analysis Time...: 18:00

NOTE(S) :

Calculations are performed before rounding to avoid round-off errors in calculated results.

I Estimated result. Result concentration exceeds the calibration range.

SAMPLE DUPLICATE EVALUATION REPORT

General Chemistry

Client Lot #...: D2L170201

Work Order #...: FE0CG-SMP
FE0CG-DUP

Matrix.....: WATER

Date Sampled...: 12/16/02 13:20 Date Received...: 12/16/02

PARAM	RESULT	DUPLICATE RESULT	UNITS	RPD	RPD LIMIT	METHOD	PREPARATION- ANALYSIS DATE	PREP BATCH
pH	8.3	8.3	No Units	0.12	(0-5.0)	MCAWW 150.1	SD Lot-Sample #: D2L160216-001 12/17/02	23524
				Dilution Factor: 1	Analysis Time...: 12:00			

SAMPLE DUPLICATE EVALUATION REPORT

General Chemistry

Client Lot #...: D2L170201

Work Order #...: FE1E5-SMP
FE1E5-DUP

Matrix.....: WATER

Date Sampled...: 12/16/02 09:15 Date Received...: 12/17/02

PARAM	RESULT	DUPLICATE RESULT	UNITS	RPD	RPD LIMIT	METHOD	PREPARATION- ANALYSIS DATE	PREP BATC
Total Suspended Solids	110	110	mg/L	3.6	(0-20)	MCAWW 160.2	12/20/02	2354
Dilution Factor: 2.5						Analysis Time...: 15:20		
						SD Lot-Sample #: D2L170213-008		

SAMPLE DUPLICATE EVALUATION REPORT

General Chemistry

Client Lot #...: D2L170201

Work Order #...: FEE9J-SMP
FEE9J-DUP

Matrix.....: WATER

Date Sampled...: 12/05/02 09:45 Date Received...: 12/07/02

PARAM	RESULT	DUPLICATE RESULT	UNITS	RPD	RPD LIMIT	METHOD	PREPARATION- ANALYSIS DATE	PREP BATC
Specific Conductance	210 J	210	umhos/cm	0.48	(0-7.0)	SD Lot-Sample #: D2L070175-001 MCAWW 120.1	12/20/02	2357
			Dilution Factor: 1			Analysis Time...: 10:00		

NOTE(S) :

Calculations are performed before rounding to avoid round-off errors in calculated results.

J Method blank contamination. The associated method blank contains the target analyte at a reportable level.

STL-4124 (0901) DEN (0900)

2.4
NB
102/17/02


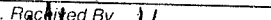
**SEVERN
TRENT
SERVICES**

Client BRADLEY LANDFILL		Project Manager BRUCE MATLOCK		Date 12-16-02	Chain of Custody Number 149285
Address 9081 TUJUNGA AVE		Telephone Number (Area Code)/Fax Number (818) 252-3202		Lab Number	
City CHULA VISTA	State CA	Zip Code 92011	Site Contact	Lab Contact	Page 1 of 1

SUN VALLEY		CA	71352			Analysis (Attach list if more space is needed)			
Project Name and Location (State) Bradley				Carrier/Waybill Number Fed Ex 836895296187					
Contract/Purchase Order/Quote No. 234 25662-B				Matrix		Containers & Preservatives		Special Instructions Conditions of Receipt	

[illegible]

Possible Hazard Identification										Sample Disposal									
<input type="checkbox"/> Non-Hazard <input type="checkbox"/> Flammable <input type="checkbox"/> Skin Irritant <input type="checkbox"/> Poison B <input type="checkbox"/> Unknown										<input type="checkbox"/> Return To Client <input type="checkbox"/> Disposal By Lab <input type="checkbox"/> Archive For _____ Months									
Turn Around Time Required _____										(A fee may be assessed if samples are retained longer than 1 month)									

<input type="checkbox"/> 24 Hours <input type="checkbox"/> 48 Hours <input type="checkbox"/> 7 Days <input type="checkbox"/> 14 Days <input checked="" type="checkbox"/> 21 Days <input type="checkbox"/> Other _____		QC Requirements (Specify) _____	
1. Relinquished By 		Date 12-16-02	Time 14:30
2. Relinquished By _____		Date 	Time
3. Relinquished By _____		Date 	Time
Comments _____		1. Received By 	
		Date 12/17/02	Time 0830
		Date 	Time
		Date 	Time
		3. Received By _____	
		Date 	Time